

RELEASE OF INFORMATION FORM
(FOR MANAGEMENTS USE)

This is consent for Release of Information about:

(Name of Client/Applicant/Tenant)

(Date of Birth)

I, _____ authorize **Parkview on the Park Apartment**
(Name of Client/Applicant/Tenant) (Name of Apartment Community)

To release to or obtain information from _____
(Name of Case Manager)

About myself that may be used only for the purpose(s) of: *(check all that apply)*

☐ Rental Application

☐ Coordination of Services

☐ Communication of Tenancy Issues

☐ Housing Status

I understand that I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed to plan services or to determine eligibility for housing and/or social services. This consent is valid only until: _____
(Date Consent Expires)

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

(Circle one) Applicant/Tenant's Signature

(Date)

Applicant/Tenant's current mailing address

Signature of Person witnessing
Applicant/Tenant signing this release

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations prohibit further disclosure without specific written consent from the person to who it pertains